

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90172 014 ***158.75

DOCUMENT # P96000018595

1. Entity Name

NORTH AMERICAN HEALTHCARE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

16452 E BERRY PL
 AURORA CO 80015
 US

16452 E BERRY PL
 AURORA CO 80015-4053
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0653207

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOSS, PHILIP E ESQ.
11201 HARDEE
CORAL GABLES FL 33146

address correction →

Name

Goss, Philip E. Esq.

Street Address (P.O. Box Number Is Not Acceptable)

1201 Hardee

City

Coral Gables

FL

Zip Code

33146

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	YOST, ELIZABETH SCHU	
STREET ADDRESS	16452 E BERRY PL	
CITY-ST-ZIP	AURORA CO 80015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth S. Yost* *Elizabeth S. Yost*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00 (303) 766-4886

Date Daytime Phone #

CR2E034 (9/99)